

Physician and Hospital Pricing of Common Outpatient Procedures - Gross Charges

Under Act 53, the information in the table below was required to be submitted by the hospitals to the Vermont Department of Health. Most of the charges in the table are effective for the period of October 1, 2012 through September 30, 2013. They are based on Common Procedural Terminology (CPT®) codes, which are defined as "a listing of descriptive terms and identifying codes for reporting medical services and procedures performed by physicians. The purpose of the terminology is to provide a uniform language that will accurately describe medical, surgical, and diagnostic services, and will thereby provide an effective means for reliable nationwide communication among physicians, patients, and third parties" (CPT® 2012 Standard Edition codebook - American Medical Association).

The tables of CPT code charges shown on the department's website provide hospital and physician gross charge information for selected commonly used outpatient procedures and related physician services. The charges listed are for the procedures themselves and do not represent other procedures that your physician may order or recommend. For some procedures, additional services such as blood collection or sedation may be required in conjunction with delivering the listed procedure. There may also be charges for supplies and pharmaceuticals used in the procedure. **To completely understand all possible charges that may apply for services received, please call your hospital and/or physician. Every patient event may have unique circumstances that could require additional services determined at the time of care, which can affect your total charges. The gross charges shown do NOT take into account any discounts or insurance. Please see the "Frequently Asked Questions" page for more information about pricing issues and considerations.**

For each table:

- **All charges shown are for hospitals and hospital-employed physicians only.**
- **"N/A" for hospital charges** indicates that the hospital does not perform this particular procedure. Check with the hospital as it may perform a similar procedure that is not listed.
- **"N/A" for physician charges** indicates that the hospital does not employ any physician who performs the service. In these cases, you may expect a separate charge from your physician or another doctor not employed directly by the hospital.
- The Hospital System Averages at the bottom of the table are the averages of the charges shown for each CPT code, and do not include any charges that are "N/A".
- Note that many of the codes on the list are diagnostic tests in which the physician charge component represents the medical interpretation of a resulting image, lab specimen analysis, etc.

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Table 3G - Radiology Services - X-Ray & Ultrasound

- There is usually a physician charge for interpreting these procedures. Please check with your hospital and physician for details about pricing and your specific circumstances.

	CPT Code	71010	71020	71030	72020	73630	76805	76856	77080
Hospital	Description	Chest X-ray (single view)	Chest X-ray (two views)	Chest X-ray (multiple views)	Spine X-ray	X-Ray foot min 3 views	Obstetric ultrasound	Pelvic ultrasound (non-OB)	Bone density scan (dexa scan)
Brattleboro Memorial Hospital	Hospital Charge	\$231	\$277	\$569	\$231	\$323	\$498	\$498	\$370
	Physician Charge	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Total Charge	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Central Vermont Medical Center	Hospital Charge	\$227	\$338	\$444	\$348	\$354	\$585	\$617	\$561
	Physician Charge	n/a	n/a	n/a	n/a	n/a	\$256	\$229	\$231
	Total Charge	n/a	n/a	n/a	n/a	n/a	\$841	\$846	\$792
Copley Hospital	Hospital Charge	\$163	\$231	\$503	\$176	\$235	\$524	\$372	\$321
	Physician Charge	n/a	n/a	n/a	n/a	n/a	\$163	n/a	n/a
	Total Charge	n/a	n/a	n/a	n/a	n/a	\$687	n/a	n/a
Fletcher Allen Health Care	Hospital Charge	\$305	\$294	\$534	\$413	\$446	\$708	\$700	n/a
	Physician Charge	\$66	\$79	\$112	\$56	\$61	\$348	\$240	\$74
	Total Charge	\$371	\$373	\$646	\$469	\$507	\$1,056	\$940	n/a
Gifford Medical Center	Hospital Charge	\$213	\$269	\$152	\$269	\$327	\$576	\$576	\$479
	Physician Charge	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Total Charge	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Grace Cottage Hospital	Hospital Charge	\$164	\$246	\$421	\$222	\$237	\$548	\$445	\$419
	Physician Charge	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Total Charge	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Mt. Ascutney Hospital & Health Center	Hospital Charge	\$240	\$328	\$505	\$262	\$378	\$834	\$677	\$541
	Physician Charge	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Total Charge	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
North Country Hospital	Hospital Charge	\$206	\$308	n/a	\$265	\$785	\$902	\$788	\$421
	Physician Charge	\$56	\$56	n/a	\$48	\$45	\$179	\$201	\$72
	Total Charge	\$262	\$364	n/a	\$313	\$830	\$1,081	\$989	\$493
Northeastern Vermont Regional Hospital*	Hospital Charge	\$239	\$455	\$502	\$317	\$343	\$318	\$211	\$393
	Physician Charge	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Total Charge	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Northwestern Medical Center	Hospital Charge	\$295	\$383	\$406	\$207	\$188	\$361	\$406	n/a
	Physician Charge	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Total Charge	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Porter Hospital	Hospital Charge	\$236	\$348	\$599	\$236	\$339	\$390	\$502	\$264
	Physician Charge	n/a	n/a	n/a	n/a	n/a	\$444	\$561	n/a
	Total Charge	n/a	n/a	n/a	n/a	n/a	\$834	\$1,063	n/a
Rutland Regional Medical Center*	Hospital Charge	\$270	\$301	\$301	\$270	\$301	\$660	\$660	\$498
	Physician Charge	\$46	\$56	n/a	\$38	\$42	n/a	n/a	n/a
	Total Charge	\$316	\$357	n/a	\$308	\$343	n/a	n/a	n/a
Southwestern Vermont Medical Center	Hospital Charge	\$255	\$379	\$552	\$198	\$327	\$564	\$473	n/a
	Physician Charge	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Total Charge	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Springfield Hospital	Hospital Charge	\$110	\$217	\$320	\$220	\$422	\$836	\$934	\$304
	Physician Charge	\$64	\$83	n/a	\$54	\$71	\$203	\$162	n/a
	Total Charge	\$174	\$300	n/a	\$274	\$493	\$1,039	\$1,096	n/a
Hospital System Averages	Hospital Charge	\$225	\$312	\$447	\$260	\$358	\$593	\$561	\$416
	Physician Charge	\$58	\$69	\$112	\$49	\$55	\$266	\$279	\$126
	Total Charge	\$281	\$349	\$646	\$341	\$543	\$923	\$987	\$643

Note:

* For Radiology Services-X-Ray & Ultrasound, physician charges apply if done at Orthopaedic Clinic; if done at RRMHC, physician charges are billed separately by a third party.